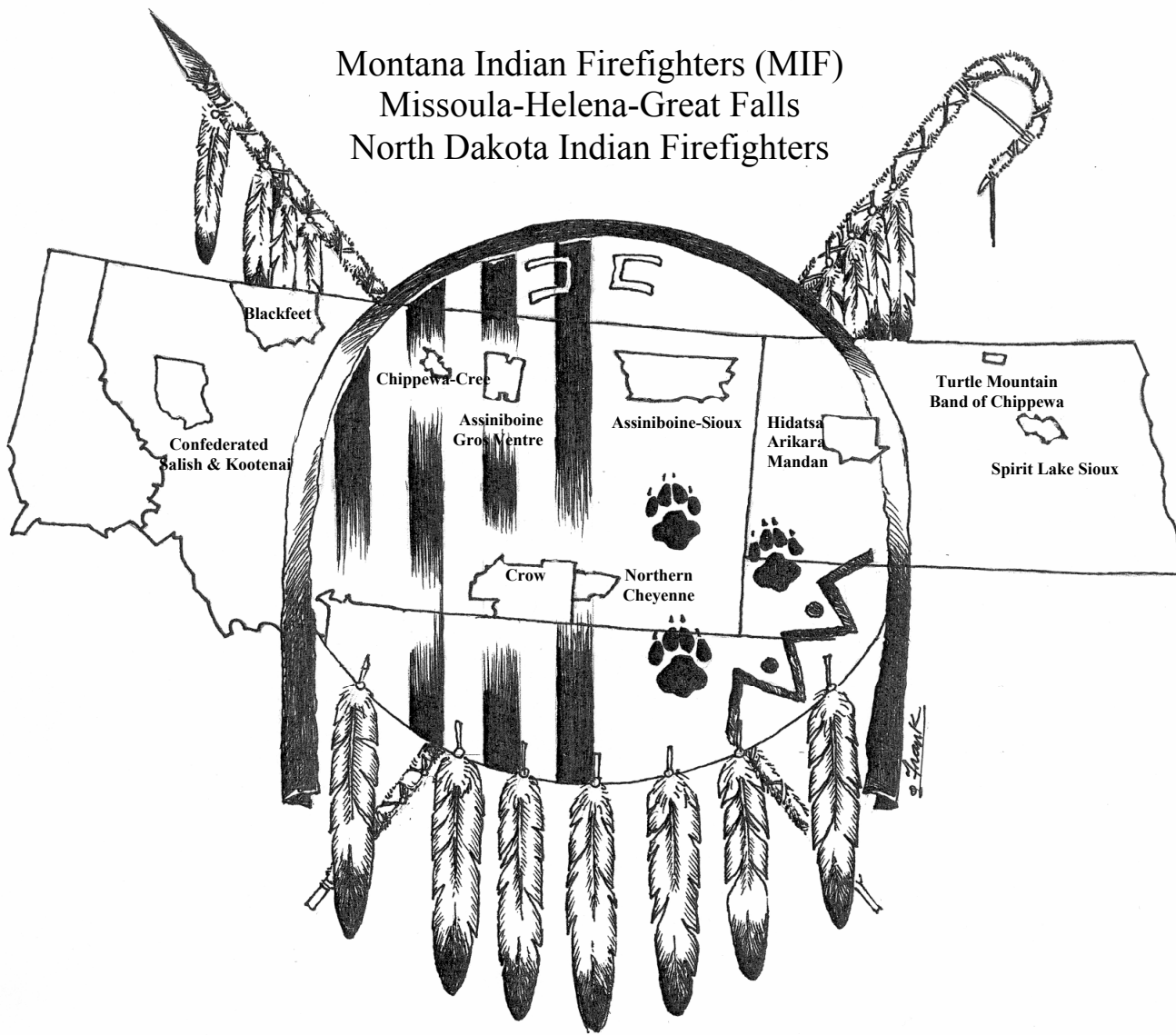


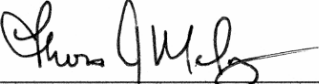
# NORTHERN ROCKIES 2006 NATIVE AMERICAN CREW PLAN

Montana Indian Firefighters (MIF)  
Missoula-Helena-Great Falls  
North Dakota Indian Firefighters



# 2006 NATIVE AMERICAN CREW PLAN

Comments may be sent to the  
Bureau of Indian Affairs  
Rocky Mountain Regional Office  
ATTN: Branch of Forestry  
316<sup>th</sup> North 26<sup>th</sup> Street  
Billings, MT 59101

Approved:   
Thomas Maloney, Chair, NRCG

12-29-2005  
Date

An electronic version of the NAC plan can be downloaded at the following websites:

[www.fs.fed.us/r1/fire/nrcc](http://www.fs.fed.us/r1/fire/nrcc)  
[www.mt.blm.gov/fire](http://www.mt.blm.gov/fire)

## **NACP Revision Summary**

Northern Rockies Coordinating Group (NRCG), Native American Crew (NAC) Committee met in November, 2005 to revise and update the operating plan. Each item was proposed and discussed with committee consensus. The following revision summary is provided and will be incorporated in the 2006 operating plan.

- The 2006 AD Pay Plan was not finalized at the time of printing and subsequently not available for this plan. Please verify with appropriate hiring authority when referencing the most current and approved AD Pay Plan.
- At the beginning of document sections were added for purpose, authority, mission statement and workforce.
- Age, Training, Drug Testing, Medical Standards and Physical Fitness were separated out to include individual sections under the Crew Structure & Requirements section. Also, included the Department of Interior, Department Manual (DM) 370 DM 792, 10.1, to reference random and reasonable suspicion drug testing.
- Added a section for Incident Qualification Card and changed references of Red Cards to Incident Qualification Card.
- Changed the Operations section to a Mobilization section to reflect dispatching procedures.
- Changed Rules of Conduct to Misconduct Issues under NAC Crew Conduct and Discipline.
- Changed the appeals process to a review process under disciplinary and misconduct issues. Added that NAC/MIF board decisions are final and no other recourse is available.
- Removed Attachment 1, Conditions of Hire for Emergency Firefighters and replaced it with the Single Resource Casual Hire Information Form. Added Attachment 2, Incident Behavior Form.
- Expanded sections VII, Crew Structure & Requirements and VIII, Mobilization (R), 4, to include the request procedures for developing Type 2 Initial Attack crew(s).

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## ACRONYMS AND TERMINOLOGY

Following is a list of acronyms and terms used in this plan:

AD - Administratively Determined  
AFMO - Assistant Fire Management Officer  
APMC - Agency Provided Medical Care  
BDC - Billings Interagency Dispatch Center  
BIA - Bureau of Indian Affairs  
BLM - Bureau of Land Management  
CO - Contracting Officer  
CREP - Crew Representative  
CTR - Crew Time Report  
DNRC - Montana Department of Natural Resources and Conservation  
EEO - Equal Employment Opportunity  
EFF - Emergency Firefighter  
ETA - Estimated time of arrival  
ETD - Estimated time of departure  
FFT1 - Firefighter Type 1  
FFT2 - Firefighter Type 2  
FMO - Fire Management Officer  
FS - U.S. Forest Service  
FWS - Fish and Wildlife Service  
GDC - Great Falls Interagency Dispatch Center  
HSQ - Health Screen Questionnaire  
HRSP - Human Resource Specialist  
IARR - Interagency Resource Representative  
IIBMH - Interagency Incident Business Management Handbook  
ICS - Incident Command System  
IHS - Indian Health Service  
IMT - Incident Management Team  
IQCS - Incident Qualification and Certification System  
LCES - Lookouts Communications Escape Routes Safety Zones  
MDC - Missoula Interagency Dispatch Center  
NAC - Native American Crew  
NACC - Native American Crew Committee  
NICC - National Interagency Coordination Center (Boise, ID)  
NIFC - National Interagency Fire Center (Boise, ID)  
NPS - National Park Service  
NRCC - Northern Rockies Coordination Center (Missoula, MT)  
NRCG - Northern Rockies Coordinating Group  
OSHA - Occupational Safety and Health Agency  
OWCP - Office of Workers' Compensation Program  
PPE - Personal Protective Equipment  
PTB - Position Task Book  
ROSS - Resource Ordering and Status System  
R&R - Rest and Recuperation  
WCT - Work Capacity Test

## **I. PURPOSE**

The Native American Crew Operating Plan, herein after referred to as the operating plan, is maintained by the Northern Rockies Coordinating Group (NRCG), Native American Crew (NAC) Committee (NRCG-NACC), an advisory committee organized to recommend emergency firefighter crew management policy to fire protection agencies. The Native American Crew (NAC) activities represent a cooperative effort between the Montana Indian Tribes, Bureau of Indian Affairs (BIA), and the following agencies: the Bureau of Land Management (BLM), the Fish and Wildlife Service (FWS), the National Park Service (NPS), the United States Forest Service (FS), the Montana Department of Natural Resources and Conservation (DNRC), the Idaho Department of Lands, the North Dakota Forest Service, the Montana Fire Wardens Association, and the Montana Disaster and Emergency Services, (collectively known as the Northern Rockies Coordinating Group - NRCG).

This operating plan will be used by the Northern Rockies Coordination Center (NRCC), Missoula, MT, and the National Interagency Coordination Center (NICC), Boise, ID., in managing NAC Type 2 crews. The Administratively Determined (AD) Pay Plan for Emergency Workers (Casuals), the Interagency Incident Business Management Handbook (IIBMH), Wildland and Prescribed Fire Qualification System Guide PMS 310-1, Forest Service Fire and Aviation Incident Qualification Handbook, 5109.17, BIA Wildland Fire and Aviation Program Management and Operations Guide (Blue Book), BLM Standards for Fire and Aviation Operations (Red Book), Work Capacity Test Administrator's Guide and other governing statutes are controlling documents and will override this plan if there is conflicting information. This operating plan is revised annually prior to April 1.

## **II. AUTHORITY**

The following authorities apply to this document and program:

- Department of Interior and Related Agencies Appropriation Acts.
- Approved Cooperative Agreements, Contracts, and Self-Governance Authorities.
- Interagency Agreement for Fire Management between the BLM, the BIA, the NPS, the FWS, of the Department of Interior and the FS of the Department of Agriculture, February 2001.

## **III. MISSION STATEMENT**

The mission of the NRCG NACC is to promote an interagency approach to fire management and to support this effort with NAC resources on all lands within the Northern Rockies Geographic Area and to provide highly trained and motivated Native American crews for interagency use.

#### IV. SPONSORING AGENCIES

The BIA and FS each serve as sponsoring agencies for Type II crew organizations. BIA sponsored reservations/crews in Montana include: Blackfeet, Crow, Confederated Salish & Kootenai Tribe (Flathead), Fort Belknap, Fort Peck, Northern Cheyenne and Chippewa Cree Tribe (Rocky Boy's). BIA sponsored reservations/crews in North Dakota include: Fort Totten, Fort Berthold, and Turtle Mountain. The FS sponsors "Urban Crews" composed mostly of Native Americans in Great Falls, Helena and Missoula. The sponsoring agency is considered the "Home Unit" for the purpose of this plan. Each sponsoring agency is responsible for the authority and execution of the NAC plan.

##### A. NRCG Native American Crew Committee (NRCG-NACC)

The NRCG NAC Committee will be comprised of a representative from each of the following agencies and a NAC crew boss or higher in good standing from each of the Montana Reservations which include: Blackfeet, Crow, Flathead, Fort Belknap, Fort Peck, Northern Cheyenne, and Rocky Boy's, sponsored reservations/crews in North Dakota include: Fort Totten, Fort Berthold, and Turtle Mountain, USDA Forest Service (FS), USDI, Bureau of Indian Affairs (BIA), Bureau of Land Management (BLM), National Park Service (NPS), Fish and Wildlife Service (FWS), Montana Department of Natural Resources & Conservation (DNRC). The role of the Committee includes developing and implementing policy, and procedures, serving as the NAC expert for the NRCG membership, reviewing and updating the annual operating plan, providing a forum for the exchange of ideas relating to crew performance, and other tasks needed for the successful operation of the NAC program.

##### B. Native American Crew (NAC)/Montana Indian Firefighter (MIF) Board

A NAC/MIF Board will be established and active at each home unit. The intent of the Board is to successfully implement and enforce this operating plan. The Board will assist in dealing with issues or problems encountered with NAC personnel dispatched from their home unit. It is recommended the Board consist of the following members:

- Crew Boss(s)
- One FMO or Forester
- The Agency Superintendent or a Tribal Council person
- One person not directly in the chain of command

The Board is responsible for assisting the home unit FMO in recruiting and maintaining a qualified contingency of NAC personnel. This function includes assisting in the selection of trainees for positions above the firefighter type 2 (FFT2) level. The Board will also review and submit comments on the NAC plan to the home unit FMO by December 1 of each year.



## **V. WORKFORCE**

Federal, State and Local agencies in the Northern Rockies Geographic Area and throughout the United States use NAC Type 2 Crews to supplement their regular workforce. The NAC workforce does not occupy dedicated positions within any of the fire suppression or fire management organizations. Typically these crews are hired as an Administratively Determined, Emergency Firefighter AD/EFF on an emergency or supplemental basis.

The United States Government recognizes the economically depressed conditions and extremely high rates of unemployment on Indian Reservations. Government programs have been developed to encourage economic development on Indian Reservations. In support of these efforts, and in consideration of the historic propensity for Indian Reservations to produce high quality fire suppression crews, it is the policy of the agencies participating in the plan to promote employment of Native American crews whenever possible.

## **VI. CREW ALLOCATION**

The BIA has identified the goal of 100 Native American crews for interagency support. Each reservation is allocated a portion of the total number based on total reservation population statistics. There will be no attempt to limit reservations to their allotted crew numbers until the 100-crew goal is approached. Forest Service sponsored crews are covered under this operating plan and are allocated training slots in NAC sponsored courses when space is available and training assistance provided.

## **VII. CREW STRUCTURE & REQUIREMENTS**

To qualify for hire, all NAC personnel will meet the national minimum standards for experience, training, medical and physical fitness as established by the NWCG in the Wildland and Prescribed Fire Qualification System Guide PMS, 310-1 and for FS sponsored units the Fire and Aviation Incident Qualification Handbook, 5109.17. Native American crews will follow the National Wildfire Coordinating Group (NWCG) minimum crew standards for mobilization (Appendix C).

Native American crews are generally organized as Type 2 Crews. Crews other than normal Type 2 structure can be ordered on a case-by-case basis to meet special needs (Type 2 IA Crews/IA Modules). The composition of a BIA sponsored Type 2 IA crew may consist of General Schedule (GS), Tribal, or Administratively Determined (AD) personnel and any combination thereof. When dealing with personnel issues the hiring authority for GS, Tribal or AD will be utilized for each appropriate circumstance. Although there is no requirement for Type 2 IA crews to be self-sufficient it is recommended that Type 2 IA crews strive to be self-sufficient.

Crews are encouraged to have two carded sawyers, documented on the manifest when the order is filled. Sawyers will not be paid as sawyers unless the Incident Management Team (IMT) specifically requests them on the resource order. The need for chainsaw use is the responsibility of the IMT. If an IMT requests the use of chainsaws for operational use the crew can be provided and use chainsaw(s) on the incident when qualified personnel are available on the crew. AD pay rates will be changed on a “per shift(s)” basis to reflect the level of sawyer certification requested for chainsaw use. This request must be documented on the General Message Form, ICS-213 or the Crew Time Report (CTR), (SF-261) by the IMT.

A. Equal Employment Opportunity (EEO)

EEO practices will be followed during all phases of crew management including recruiting, hiring, training, and performance evaluation of crew personnel. The policy is to provide equal employment opportunity for all qualified personnel regardless of race, creed, color, sex, national origin, age, or physical disability.

B. Physical Fitness

The Work Capacity Test (WCT) Administrator’s Guide shall be utilized for all positions requiring a fitness level. All participating agencies will accept the physical fitness standards of the sponsoring agency for NAC personnel. The Fire Management Officer/Assistant Fire Management Officer (FMO/AFMO) may require completion of a WCT at any time.

C. Incident Qualification Card

The Incident Qualification and Certification System (IQCS) will be used to record and document employee qualifications, experience and training. All wildfire and prescribed fire incident experience must be entered in the IQCS for all BIA and Tribal firefighters in order to verify qualifications for interagency and local dispatch. Individuals without an IQCS profile will not be dispatched.

Each AD/EFF firefighter will be sponsored by one home unit. Other units will not dispatch other sponsored AD/EFF personnel. If AD/EFF personnel have relocated and are requesting sponsorship from a local unit an official letter of request for sponsorship is required. This written request must be coordinated between the current home FMO/AFMO and the new sponsoring local unit FMO/AFMO. Once the request is approved the IQCS record shall be transferred to the new sponsoring unit. After the transfer of records which should include (certificates, physical fitness, task books, drug testing records, and any official correspondence etc.) is complete the individual(s) are officially sponsored by the local unit and available for dispatch.

A memorandum issued on July 21, 2005 from the NRCG states that a signed manifest by the BIA or Tribal Unit FMO/AFMO certifying qualifications for all Type II Native American crews will be accepted in lieu of individual incident qualification cards for each firefighter. This is to include the crew boss position. The manifest certification will only be used for mobilization within the geographic area. Out of geographic area dispatches require each AD/EFF firefighter to have a qualification card per national direction. It is strongly recommended that in all instances qualification cards should be produced for all AD/EFF firefighters. The burden of proof is on Compacted or 638 Tribes to show they are using the IQCS, or a system of similar controls. Each AD/EFF firefighter functioning in an overhead or technical specialist position must carry an incident qualification card printed from IQCS.

D. Medical Standards

The Federal Interagency Wildland Firefighter Medical Qualification Standards will be used to ensure that individuals hired are medically and physically fit. Arduous AD/EFF employees 45 years and older are required to take the Medical Standards Annual Exam prior to participating in the Work Capacity Test (WCT). Arduous, Moderate and Light AD/EFF employees less than 45 years of age are required to complete the NAC Physical Exam every three years (Appendix B).

In between years individuals will be required to complete both a Health Screening Questionnaire (HSQ) and Medical Release (RMR-440) form. Medical examination forms contain confidential medical information and are subject to the provisions of the Privacy Act (5USC 5522a). Proof of successful completion of physical examinations will be provided to the Fire Management Officer or AD hiring unit using Page 6 of the interagency form or page 8 of the NAC Physical form. The standard interagency exam form can be obtained at <http://medical.smis.doi.gov/NIFCMedicalstds.htm>.

E. Drug Testing

To promote a Drug Free Workplace and comply with Federal Departmental Manuals every AD/EFF firefighter must submit to an annual drug test as a condition of hire. In accordance with the Department of Interior, Department Manual (DM) 370 DM 792, 10.1, all AD/EFF hires are subject to random and reasonable suspicion drug testing. An accurate and reliable drug test will be utilized to screen for marijuana (THC), cocaine (COC), opiates (OPI), amphetamines (mAMP), and phencyclidine (PCP). A positive test result will disqualify an applicant for hire for a period of six months. Individuals testing positive a second time while completing the hiring requirements will not be allowed to participate in the NAC program indefinitely.

F. Age Requirements

No one under eighteen years of age will be hired or dispatched under this plan.

G. Crew Boss and Crew Member Selection for Dispatch

The FMO/AFMO has the responsibility to ensure that all individuals dispatched are fully qualified and final manifest is accurate. Dispatchers and crew bosses in consultation with the FMO will select qualified squad bosses and crew members. Home unit FMO/AFMO in consultation with local crew boss organizations will develop a selection process for identifying crew boss trainees.

H. Type 2 Crew Positions and Standards

NAC Type 2 crews are expected to complete work assignments and to maintain orderly conduct during the entire period of employment. The crew boss has the ultimate responsibility for the conduct and performance of the crew during the assignment. Type 2 crews will not be split or deployed over such an area that the crew boss cannot exercise control of the entire crew. The following is a list of type 2 crew positions and standards:

1. Crew Member (Firefighter Type 2)

Crew members work as members of a crew, and are skilled in the use of wildland fire suppression hand tools which includes but not limited to; McLeod, Pulaski, shovel and combination tool(s).

2. Squad Boss (Firefighter Type 1)

Squad bosses serve as work leaders, working with crew bosses, and are responsible for the work effectiveness, safety, conduct, welfare, and discipline of their assigned squads.

Individuals may qualify if they have successfully completed all required training. They must also have demonstrated leadership ability by acceptable performance on at least two fire assignments in the last five years, completed a squad boss task book and received a recommendation from an FMO, crew boss or crew representative.

3. Crew Boss (Single Resource Boss)

Crew bosses are directly responsible for implementing the NAC plan, crew time recording, work effectiveness, safety, conduct, welfare, organization, briefing, discipline and completion of all accident forms. Crew bosses should also maintain a daily diary/log of events. The NAC plan will be

reviewed by each crew boss during annual refresher training. Prior to departure from the incident the crew boss will ensure that all appropriate accident forms (CA-1, CA-2, CA-16, etc.) are completed and all emergency time reports are accurate and complete and any discrepancies are resolved. Upon arrival at the home unit the crew boss must deliver a completed crew evaluation, to the home unit FMO/AFMO.

Crew bosses will be disciplined if it is found that a violation of the NAC misconduct occurs on his/her crew and it was not reported. A qualified crew boss trainee may be assigned if they have completed all required training and have a task book initiated by their home unit. When assigned to an incident that has a training specialist the crew boss shall work closely with the training specialist to complete/document training and experience requirements.

#### I. Camp Crew Configuration

A NAC camp crew will consist of one camp crew boss, one squad boss and eight crew members. Squad bosses and crew members must have completed Basic Firefighter Training (S-130), and Standards for Survival (SA-130). A light Work Capacity Test is required for each position. Annual refresher is not required for squad boss or crew member positions.

##### 1. Camp Crew Member

Crew members work as members of a camp crew and are used to support camp functions.

##### 2. Camp Crew Squad Boss

Squad bosses serve as work leaders, working with camp crew bosses, and are responsible for the work effectiveness, safety, conduct, welfare, and discipline of their assigned squads.

##### 3. Camp Crew Boss

Camp Crew Bosses must be qualified at the FFT2 level and successfully completed Basic Firefighter Training (S-130), Introduction to Wildland Fire Behavior (S-190), and Standards for Survival (SA-130). A light Work Capacity Test and Annual Refresher is required. The camp crew boss will report directly to the facilities unit leader.

#### J. Crew Representative (CREP)

When crews are dispatched outside the Northern Rockies Geographic Area, or to incidents within Northern Rockies with out of area teams assigned, one crew

representative will be sent for every two crews with the option of sending a crew representative with every crew. If a crew representative is assigned the crew will have fifteen firefighters and cannot exceed 20 persons. The CREP shall work closely with the planning section chief and IARR if one is available.

The NAC operating plan will be reviewed by each crew representative during annual refresher training. The CREP should live and work with the crew(s) and assist the crew boss(s) with administrative duties while implementing NAC plan guidelines. The CREP will leave tactical and crew supervision functions to the crew boss(s) and will not be allowed to take on other overhead assignments/duties while assigned as a CREP. For disciplinary problems the CREP will provide a complete and accurate report documenting all offense(s) and will forward to the appropriate home unit FMO for immediate action. Prior to release the CREP and each CRWB will complete the appropriate reports and submit them to the home unit FMO/AFMO.

K. Type 2 Initial Attack (IA) Crew/IA Modules

For BIA units establishing a Type 2 IA crew home unit FMO's must submit a letter of request to the Rocky Mountain Region, Fire Management Officer. For FS units establishing a Type 2 IA crew shall submit a letter of request to the Forest Fire Management Officer. A crew manifest identifying individuals and qualifications must be submitted with each request. The Type 2 IA manifest must identify personnel that will serve in committed positions on the crew. Orders for Type 2 IA crews and IA modules shall be very specific about the job requirements. Reference the Northern Rockies (NR) Mobilization Guide when needed.

L. Sawyers/Saw Teams

Home units with the ability to organize sawyer/saw teams will utilize the guidance as outlined in the NR Mobilization Guide, Chapter 60. BIA and FS sponsored units will ensure compliance with respect to their individual chainsaw policy and procedures.

M. Prescribed Burn Crews

Prescribed burning crews can be ordered to assist with on-the-ground fuels management treatment activities, as identified in Chapter 5 of the BIA Wildland and Prescribed Fire Management Policy, Implementation Procedures Reference Guide, (August 1998), the Interagency Agreement for Fire Management commonly referred as the "six party agreement, (March 2005)" and the National Interagency Mobilization Guide, (NFES 2091).

Crews used for prescribed fire must be hired through the Department of Interior utilizing the AD Pay Plan. Personnel assigned to fill prescribed fire positions must meet NWCG qualifications for each position and have the ability to perform successfully. Prescribed fire assignments will be coordinated and agreed to between offices in terms of personnel, resources and length of assignment. The task order process outlined in the National Interagency Mobilization Guide will be used to document these agreements and implement these special projects.

## **VIII. MOBILIZATION**

Local, regional and national mobilization procedures will be followed as outlined in established guides when mobilizing Native American crews. This includes the National Interagency Mobilization and Northern Rockies Interagency Mobilization Guides.

### **A. Northern Rockies Coordination Center (NRCC)**

The Northern Rockies Coordination Center is the dispatching organization that coordinates the movement of resources throughout the Geographic Area.

### **B. Interagency Dispatch Centers**

Interagency Dispatch Centers or home units shall maintain availability status of crews in the Resource Ordering and Status System (ROSS). Interagency Dispatch Centers and home units shall maintain in-house crew management systems, which insure rotational call-up of available crews. Coordination of Native American crew use is a shared responsibility of the sponsoring agency, Interagency Dispatch Centers and NRCC.

### **C. Dispatch Requirements (including reassignment)**

All NAC personnel should come well prepared and have adequate personal items for a 14 day assignment. A standard assignment is 14 days, not including travel from and back to the home unit. However there is no guarantee that a crew will be utilized for the entire duration. Responsibilities for arrangement of crew travel, meals and transportation will be coordinated between the ordering and the dispatching unit when the order is placed. After crews are hired all meals will be provided, however, crews leaving the home unit after normal mealtime should not expect to receive a meal until the next normal mealtime.

### **D. Crew Dispatching**

The home unit will establish and maintain a call-up system, which meets time frames established between the home unit and the local Interagency Dispatch Center for crew mobilization. Prior to mobilization each unit will communicate with their respective interagency dispatch center on the availability of crew(s).

Home units will be allowed two hours to assemble the crews ordered. They have 30 minutes to respond to the initial contact as to whether or not the crews can be provided. If the order cannot be filled the dispatch center will place the order with the next home unit on the rotation list. If a crew can mobilize, but their dispatch is cancelled they will move to the top of the rotation list for the next dispatch. Under no circumstances will a crew consisting of less than eighteen persons be dispatched to an incident.

E. Crew Rotation Guidelines

The purpose of establishing a crew rotation is to ensure that every crew has an equal opportunity for a dispatch assignment. A wide variety of factors influence the decision as to where a resource order for crews is placed:

1. Proximity to the incident during time periods when response time is critical.
2. Ability to meet mobilization timeframes.
3. Availability of transportation resources.
4. Local crew usage and “neighborhood crew ordering.”
5. Crew configuration specified on the resource order; Type 2IA, break-down capable, self-sufficient etc.
6. Daily crew availability reported in ROSS.
7. In area vs. out-of-area assignments.
8. Pick-up jetports authorized for jet transportation.

Generally, the process begins with a pre-season assessment of how many crews can be made available from any interagency dispatch center by each agency providing the crews. All other factors remaining equal, if a center can provide more crews they will receive more resource orders. A key element is the daily reporting of crew availability in ROSS. This availability is visible to the national decision maker who is looking for crews.

Once orders are received by the NRCC the Center Manager or his/her designated representative will place orders to the interagency dispatch center based on availability as well as other factors as explained above. Each interagency dispatch center will allocate resource orders to agencies based on local protocols established between the center and the member agencies.

Local crews may be ordered directly by the local user agency. The home agency will notify the hosting interagency dispatch center of this action and change the crew’s availability status in ROSS to assigned or unavailable. **Any home unit that dispatches suspended, unqualified firefighters, or has not provided the hosting interagency dispatch center a current list of suspended firefighters will be removed from the crew rotation.**



F. Length of Assignment

Fire situations will dictate length of assignment, but crews shall be prepared to be dispatched for a fourteen-day assignment excluding travel. Crews are subject to incident reassignment within this period. Crew members that cannot complete a fourteen-day assignment for prior personal reasons (school, doctor appointments, court dates, etc.) shall not be dispatched. Individuals violating this requirement are subject to disciplinary action.

G. Interagency Resource Representative (IARR)

Any time the NRCC has committed four or more Native American crews outside the Northern Rockies Geographic Area an IARR may be sent by the sending GACC. The IARR serves as an advisor to the NRCC, expanded dispatch and Incident Management Teams (IMT) on matters that relate to NAC policy. The IARR serves as liaison, providing factual information and conducting business between crews, IMTs and home units. IARRs will operate at the command post of the incident base except when demobilization or emergencies require them to be at another location.

H. Dispatch Directory

Northern Rockies Coordination Center 5765 West Broadway Missoula, MT 59808	Telephone (406) 329-4880 24-hour (406) 329-4880
Billings Interagency Dispatch Center 1299 Rimtop Drive Billings, MT 59105-1977	Telephone (406) 896-2900 Fax (406) 896-2950 CRA, NCA, FPA
Great Falls Interagency Dispatch Center P.O. Box 869, 1101 15th St. North Great Falls MT 59403	Telephone (406) 791-7707, 7761 Cell (406) 799-1072 or 670-6856 Fax (406) 731-5301 BFA, FBA, CCT, Big Sky
Helena Interagency Dispatch Center 3425 Skyway Drive Helena, MT 59602	Telephone (406) 449-5475 Helena Indian Alliance
Missoula Interagency Dispatch Center 1803 Strand Missoula, MT 59801	Telephone (406) 829-7070 24-hour (406) 829-7070 Flathead, Missoula Indian Center

North Dakota Dispatch Center  
c/o J. Clark Salyer NWR  
681 Salyer Rd  
Upham, ND 58789

Telephone (701) 768-2878  
24-hour same  
Fort Totten, Fort Berthold,  
Turtle Mountain

BIA - Blackfeet Agency  
Andrea Gilham, FMO  
P.O. Box 880  
Browning, MT 59417

Telephone (406) 338-7498  
338-2845  
Fax (406) 338-5314  
Email: mail364978@pop.net

BIA - Crow Agency  
Steve Collins, FMO  
P.O. Box 69  
Crow Agency, MT 59022

Telephone (406) 638-2247  
Fax (406) 638-2380  
Email: mail364982@pop.net

Fort Belknap Community Council  
Michael Longknife, FMO  
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Fort Totten Agency  
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Fort Totten, ND 58335

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Turtle Mountain Agency  
Vacant, FMO  
P.O. Box 60, BIA #7  
Belcourt, ND 58316

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I. Emergency Demobilization

Demobilization of individual crew members for family emergencies will be initiated by the home unit and verified requests sent to the dispatch center using the Emergency Release/Message Form. Emergency demobilizations cannot be initiated by the individual firefighter. When total crew size drops below sixteen, the crew may at the discretion of the incident management team be returned home.

J. Manifest

Prior to crews departure from the point of hire, the home unit will prepare Passenger and Cargo Manifests (SF-245) listing all crew members, their individual weight, gear weight, and total crew weight not to exceed 5100 pounds. This manifest is to be compiled based on agency qualification records and must be signed by the FMO/AFMO.

When a crew is transported by air or ground, an accurate transportation manifest will be prepared prior to departure. The manifest will show names, social security numbers, and weights of all personnel traveling on the designated vehicle/aircraft. At least seven copies of the manifest will be prepared and distributed as follows:

- 3 copies – Crew Boss, receiving office, finance section
- 3 copies – Vehicle/aircraft operation
- 1 copy – Retain at point of transportation origin

K. Nepotism Policy

There will be no direct supervision of immediate family members (including mother, father, brother, sister, spouse, step brother/sister, adopted brother/sister or half brother/sister) on any Native American crew. Squad bosses cannot be related to the crew boss and squad members cannot be related to their squad boss.

L. Personal Clothing

NAC crew members must bring their own personal clothing when hired. All crew members must arrive at the fire prepared for work and not rely on commissary to properly equip them. In addition, each crew member must provide the following items of personal gear, in good condition:

- Cotton pant(s)
- Jacket
- Socks
- Personal toiletries
- Prescriptions
- All leather boots, lace-up (minimum 8" top), with non-slip lug (Vibram type) soles and heels (steel-toe boots are not acceptable), extra leather bootlaces
- For early and late season fires (cold weather), include long underwear, rain gear, jacket, warm gloves and hat and additional warm clothing

**Note:** Synthetic clothing is not acceptable and expensive personal items such as cameras and electronic equipment are not recommended. Tobacco products will not be provided.

M. Personal Protective Equipment (PPE)

All crew members are required to wear nomex fire clothing when in pay status except during return travel to the home unit. The home unit will provide the crews with the following personal protective equipment (PPE):

- Red pack (1 ea. per person)
- Field pack (1 ea. per person)
- Nomex trousers (2 ea. per person)
- Nomex shirt (2 ea. per person)
- Hardhat w/chinstrap (1 ea. per person)
- Head lamp w/batteries (1 ea. per person)
- 1 qt. disposable canteen w/case (2 ea. per person)
- Fire shelter (1 ea. per person)
- Goggles (1 pr. per person)
- Leather gloves (1 pr. per person)
- Sleeping bag (1 ea. per person)
- First aid kit (1 crew kit per crew)
- 4 radios per crew

**Note:** Each individual is allowed two items of baggage, a single personal red pack not to exceed 45 pounds, and field pack not to exceed 20 pounds.

Crews will only be re-supplied if being directly reassigned to another incident. However when being released to the home unit, crew bosses will secure consumable item re-supply approval and "S" numbers at the incident to put on the Incident Replacement Requisition (OF-315) form to facilitate re-supply. One copy of the Incident Replacement Requisition should be provided to the home unit dispatch office.

N. Open/Closed Camp Policy

Incident Management Teams will decide whether a camp will be open or closed. Employees may not leave a closed camp when off shift. Open or closed camp policies will apply to all incident personnel using the camp.

**IX. NAC CREW CONDUCT AND DISCIPLINE**

All NAC personnel will: abide by the guidelines established for personal conduct and safety; instructions given by supervisors; respect the rights of fellow workers; and proper care for government and private property. Crew organization and discipline will be maintained from the time a crew leaves their point of hire until they return to the home unit, and during all phases of the dispatch. Unsatisfactory conduct or misconduct will not be tolerated. When a violation occurs, the CRWB, CREP, IARR, and IMT are required to document misconduct and take initial action at the incident. The home unit FMO/AFMO has the responsibility to make an immediate disciplinary decision based on the seriousness of the infraction, and documentation provided from the incident or other appropriate sources.

Law enforcement agencies have the authority to conduct searches following existing federal and/or state procedures, where probable cause has been established. Canine units may be used to determine the presence of illegal substances where reasonable suspicion exists. If a canine unit "hits" on personal property, consent to search that property will be requested. If consent is not granted, the personal property may be impounded until a search warrant is secured. The owner shall be granted supervised access to the property.

A. NAC Expectations

All NAC personnel are expected to conduct themselves in a safe, orderly, and professional manner whether on-shift or off-shift. The following expectations are required of all Native American crews:

1. Being in good physical condition to perform as a competent and safe firefighter.
2. Execute incident objectives within assigned timeframes from supervisors unless otherwise prevented by unsafe conditions or situations.

3. Following standard safe working practices at all times; observing the Ten Standard Firefighting Orders, the Eighteen Situations That Shout Watch Out, LCES, and using safety equipment (PPE) provided. When necessary using the standard Safety Turndown Protocols for unsafe assignments.
4. Maintaining assigned government equipment and tools in good, serviceable condition and, at the end of the assignment, returning this equipment in good condition to the place or person designated. Damaged equipment should be replaced or repaired at the incident or reassignment.
5. Reporting for duty at the place and time designated, ready to begin the assignment. This includes having the proper tools, equipment and supplies needed for the assignment.
6. Maintaining clean, orderly living areas; including fire camps. Garbage, tools, and equipment will be picked up and disposed of or stored properly at all times.
7. Maintaining professional and respectful working relationships with fellow workers, other crews, and supervisors. An attitude of cooperation and professionalism will be expected from all crew members.

B. Misconduct Issues

Misconduct will be documented in writing by the IARR, CREP, CRWB, Human Resource Specialist (HRSP) or home unit agency immediately upon discovery. Documentation will be forwarded immediately to the home unit and the hosting interagency dispatch center to show cause for disciplinary action. In special cases, the initial information may be provided by telephone. Crew members that observe misconduct by other crew members or their supervisors must document their observations and give the report to the CRWB, CREP, IARR, or HRSP a copy shall be retained for delivery to the home unit FMO/AFMO in all cases. Return travel costs including meals for crew members terminated for cause will be deducted from the individual's pay.

Individuals violating infractions #3 (Alcohol use or possession while in hired status), #4 (Illegal drug use, possession while in hired status), and #19 (Failure to submit or testing positive to a random/suspicious drug test screening) on the first offense may request a review of their suspension. The review only applies to the first offense and upon completion of treatment an individual may or may not be reinstated prior to the end of their suspension. However, the review must be based on the individual's successful completion of alcohol/drug treatment with documentation. If the individual violates the infractions a second time they will be suspended immediately for lifetime. They will not be allowed the second offense action in infraction #3.

C. Action Process

Once the home unit FMO/AFMO receives information on a disciplinary issue from the incident or appropriate source an immediate disciplinary decision will be made. All individual(s) involved will not be made available for dispatch. Within fifteen (15) business days of receipt of all appropriate documentation, of the infraction, the FMO/AFMO will send a letter via **certified mail, return receipt** to the affected individual(s), using the address submitted on the OF-288, which:

1. States the nature of the offense and documents the associated disciplinary action.
2. States that the affected parties must give written notice if they request a review from NAC/MIF board.
3. States that any written notice of review must be hand-delivered or postmarked to the home/sponsoring unit FMO/AFMO address within thirty (30) days of receipt of the notice of disciplinary action.

D. Review Process for Individuals and Crews

NAC personnel and crews that receive disciplinary letters and actions may request a review of disciplinary decisions, but must do so in writing within thirty (30) days of receipt of the notice of disciplinary action issued by the home unit FMO/AFMO. If an individual or crew disputes the reported facts or the incident or evaluation on which the disciplinary action was based, an opportunity shall be afforded to present testimony.

The home unit NAC/MIF Board will convene to review the validity of infractions. If the infraction is found to be valid the board will not alter punishments established in the NAC plan. The home unit FMO/AFMO will issue a written decision within seven (7) working days after the review meeting. The written decision will be sent via **certified mail, return receipt** requested, to each individual affected. Lifetime suspensions may be imposed if infractions are severe enough in nature and have extreme negative impact to the program. All decisions are considered final and individual(s) are not allowed further recourse.

Documentation of final actions by home unit FMO/AFMO and NAC/MIF Boards will be forwarded to the BIA Rocky Mountain Regional Office. Each home unit FMO/AFMO will maintain a current list of individuals that have received disciplinary actions. This is to be accomplished annually as the list may be updated with current suspensions. This suspension list will be forwarded to the BIA Rocky Mountain Regional Office, hosting Interagency Dispatch Center and other agency fire programs. In those cases where crews are sponsored by a National Forest, the Forest Service will take appropriate action.

E. Disciplinary Actions

No.	Infraction	1 <sup>st</sup> Offense	2 <sup>nd</sup> Offense	3 <sup>rd</sup> Offense
1.	Unprofessional or discourteous conduct toward supervisors, co-workers, or other incident personnel.	Remainder of season plus one year suspension	Three year suspension	<b>Lifetime suspension</b>
2.	Poor or deficient ratings for individual firefighters.	Warning Letter	Remainder of season plus one year suspension	Remainder of season plus one year suspension
3.	Alcohol use or possession while in hired status. This is to include all phases of a dispatch until released from duty.	Three year suspension	Five year suspension	<b>Lifetime suspension</b>
4.	Illegal drug use, possession while in hired status. This is to include all phases of a dispatch until released from duty.	Three year suspension	<b>Lifetime suspension</b>	
5.	Abandonment of position (walking away from the crew).	Three year suspension	<b>Lifetime suspension</b>	
6.	Initiating a release from an incident under false pretenses.	Three year suspension	<b>Lifetime suspension</b>	
7.	Physical Assault (physical contact must occur-assault and battery).	Three year suspension	<b>Lifetime suspension</b>	
8.	Poor Physical Condition	Retake physical and the Work Capacity Test	Remainder of season plus one year suspension	Remainder of season plus one year suspension
9.	Thievery	Remainder of season plus one year suspension	Three year suspension	<b>Lifetime suspension</b>
10.	Malicious damage to government/private property.	Remainder of season plus one year suspension	Three year suspension	<b>Lifetime suspension</b>
11.	Insubordination	Remainder of season plus one year suspension	Three year suspension	<b>Lifetime suspension</b>
12.	Failure to report sickness or injury.	Remainder of season plus one year suspension	Three year suspension	<b>Lifetime suspension</b>
13.	Harassment of persons on the basis of their race, color, national origin, sex, religion, age, disability, sexual orientation, or reprisal.	Three year suspension	<b>Lifetime suspension</b>	
14.	Possession of firearms or deadly weapons as defined under state and federal laws (including knives with four-inch blades). The NAC has a zero tolerance policy for workplace violence.	Report to Law Enforcement for appropriate legal action and <b>Lifetime Suspension</b>		



No.	Infraction	1 <sup>st</sup> Offense	2 <sup>nd</sup> Offense	3 <sup>rd</sup> Offense
15.	Personal threats, intimidation, reprisal, or verbal abuse.	Three year suspension	<b>Lifetime suspension</b>	
16.	CREP/Crew Boss/Squad Boss failure to report violation(s) of the "Misconduct Issues" in writing.	Remainder of season plus one year suspension	Three year suspension	<b>Lifetime suspension</b>
17.	Length of Assignment Requirement	Remainder of season plus one year suspension (see page 11)	Three year suspension	<b>Lifetime suspension</b>
18.	Failure to submit or testing positive to a random/suspicious drug test screening	Remainder of season plus one year suspension	<b>Lifetime suspension</b>	

## X. CREW PERFORMANCE EVALUATIONS

Prior to release from an assignment, Native American crews and crew bosses will be evaluated on the assignment by the immediate supervisor of the crew boss. The evaluation will be done on the interagency "Crew Performance Rating" (ICS-224) form. As necessary, Position Task Books will also be completed by the crew boss and/or strike team leader and /or CREP for squad bosses and crew boss trainees. Evaluations are to be used as a tool to improve the NAC program and identify areas of improvement and/or outstanding performance.

### A. Evaluation

Each evaluation will consist of a thorough, accurate and fair reflection of a crew's performance on all aspects of the assignment over the entire duration of the assignment. The evaluation process will be ongoing as a necessary part of supervisory responsibility. When observed crew performance is highly satisfactory or superior, the supervisor will immediately recognize the performance and encourage it through the crew boss. If superior performance continues throughout the assignment, it will be documented in the written evaluation of the assignment.

When deficient crew performance is observed during an assignment, the supervisor will immediately identify the deficiency and discuss corrective action with the crew boss. If the deficiencies continue they will be documented in the written evaluation of the crew on the assignment. At the end of the assignment, the "Fire Crew Performance Rating" must be completed by the supervisor and discussed with the crew boss. If a "deficient" rating is given in any category in Block #9, "Crew Evaluation", or Block #10, "Supervisory Performance", the deficiency will be fully explained in Block #14, "Remarks", and the evaluation will be reviewed and counter-signed by the next higher person in the chain of command prior to discussion with the crew boss.

B. Individual Performance Evaluation

Individual firefighter's outstanding or poor performance will be documented by the crew boss or squad boss on an Individual Performance Firefighter Evaluation (ICS-226) form. Home unit FMO's and sponsoring agencies can use the evaluations for local NAC program development and improve firefighter performance at the ground level. Squad bosses are encouraged to document individual firefighter performance in order to enhance skills needed to become a competent crew boss. Performance deficiencies that are documented can be addressed with the home unit FMO/AFMO for further training, on the job (OJT), coaching, or resolution.

C. Evaluation Routing

Evaluations will be reviewed by the home unit FMO, filed at the home unit and the Regional Office. They will be used to determine training needs and effectiveness. The home unit will issue any follow-up action needed in a timely manner. When a crew evaluation is completed it will be routed as follows:

1. One copy will be given to the crew boss at the incident.
2. One copy will be sent to the home/sponsoring unit FMO.
3. One copy will be forwarded to the Rocky Mountain Regional Office by the home/sponsoring unit FMO.

D. Position Task Books (PTBs)

Position Task Books for squad boss, (FFT1) and crew boss (CRWB) positions will be initiated by the home unit FMO/AFMO. Individuals will keep their own PTB between assignments until it is completed. Completed PTBs will be submitted to the home unit FMO/AFMO for review, certification and entry into the IQCS database. After PTBs have been entered into the IQCS database they may be kept in an employee personnel file at the home unit or retained by the individual.

## **XI. NAC PROGRAM ADMINISTRATION**

The following administrative requirements and procedures will be used in the management of Native American crews.

A. AD-Pay Plan

Rates of pay are established each year in the Administratively Determined Pay Plan for Emergency Workers (Casuals). All hiring offices utilizing AD/EFF personnel shall adhere to the provisions outlined in the Pay Plan.

B. Compensable Time

All compensable time will be commensurate with the AD Pay Plan within the IIBMH. Hours On-Shift, Off-Shift, and/or Ordered Standby will be recorded as defined by the AD Pay Plan, within the IIBMH Chapter 10, page 12 of 40, Section 12.2 and page 15 of 40, Section 12.5 and page 14 of 40, Section 12.4. Continuation of Pay (COP) for casuals is outlined in the IIBMH Chapter 10, page 12 of 40, Section 15.3-4 (4).

C. Timekeeping

Crew time will be recorded for all assignments on an Emergency Firefighter Time Report (OF-288). This form must be completed per agency requirements as established in the IIBMH. The CRWB or CREP will provide OF-288's initiated by the home unit to the incident Finance Section. All shift time will be recorded on Crew Time Reports, SF-261, signed by the immediate supervisor, and submitted to Finance at the end of each operational period.

Prior to departure from each incident, the OF-288 must be reviewed and signed by each employee, if in agreement. If the individual disagrees with the posting of the time and/or commissary costs, it must be reported to the crew boss. If there are authorized corrections they will be made by the Finance Section. The crew boss must assure the time sheets are complete and accurate before leaving the incident.

Time sheets will be hand carried by the Crew Boss to the home unit dispatch facility. Dispatch will close out the time sheets and coordinate with the appropriate staff.

D. Paying

All payments will be processed at the appropriate payment center. Emergency firefighter time reports (OF-288) should not be processed until the crew returns to the home unit and all issued equipment is accounted for.

E. Conditions of Hire

All NAC personnel will read, sign, and comply with all of the conditions listed in the Single Resource Casual Hire Information Form (PMS 934) and Incident Behavior Form (PMS 935-1). By signing either form NAC personnel are agreeing to all conditions as outlined in the NAC plan and AD Pay Plan. Refusing to sign the forms will prevent the person(s) from being hired.

F. Income Tax Withholding Information

All NAC personnel will be afforded the opportunity to complete and sign a Withholding Allowance Certificate W-4, Earned Income Credit Advance Payment Certificate W-5 (if eligible and claiming Earned Income Credit), and applicable state income tax withholding forms when they are first hired. Failure to complete and sign such forms will result in tax being withheld at the highest (default) rate for both federal and state income taxes. Emergency firefighters may request taxes to be withheld from a state other than where they were hired by filing the appropriate state income tax withholding form.

G. Employment Eligibility and Verification (Form I-9)

The Immigration Reform and Control Act of 1986 require employers to hire only individuals who are eligible to work in the United States. All emergency fire fighters will be required to complete Form I-9, Employment Eligibility and Verification, prior to employment. Each home unit will be responsible for ensuring completion of an I-9 for all NAC personnel.

Non-U.S. citizens hired as firefighters must have an Individual Taxpayer Number (ITN) in order to be paid. Individuals obtain an ITN by completing a Form W-7, Application for IRS Individual Taxpayer Identification, and submitting it to the local Internal Revenue Service Office.

H. Personal Information Disclosure

Social Security Number (SSN) disclosure is mandatory as a condition of hire. The SSN is used primarily to gather earnings data in connection with lawful requests from other agencies (IRS or state tax agencies). Section 6311 of Title 5 U.S.C. authorizes collection of this information. Disclosure of information to the Department of Labor is required when processing a claim for compensation regarding a job-related injury or illness; to a State Unemployment Compensation Office regarding a claim; to Tribal Police, Federal, State, or Local law enforcement agencies for violations or criminal investigations. Firefighters must certify that all the information is correct to the best of their knowledge and authorize the release of medical information that will verify physical fitness and qualifications for firefighting crew and camp crew duties.

I. NAC Accident/Injury Reporting

Crew bosses are responsible for hand-carrying originals of all injury report forms to the home unit. Native American crews are considered to be Federal employees when they are initially hired until they are terminated at the point of hire. In the event of an injury or illness the hosting agency will initiate appropriate paperwork (CA-1, CA-2, etc.) for an individual. Any fire personnel leaving a fire assignment

because of injury or illness will be released if not fit for duty, and returned to the point of hire after treatment. Return to fire duty will not be at the option of the employee being treated.

J. Office of Workers' Compensation Procedures (OWCP)

All injury forms will be coded to the reservation that is the home unit. Crew bosses should be familiar with their home unit address and OWCP charge back coding. BIA employing office addresses and alpha charge back codes for Tribe and Agencies in the Northern Rockies Geographic Area are:

OWCP CODE 7106BN  
Blackfeet Agency/C51  
Bureau of Indian Affairs  
Browning, MT 59417

OWCP CODE 7106HA  
Fort Belknap Agency/C55  
Bureau of Indian Affairs  
Harlem, MT 59526

OWCP CODE 7106CR  
Crow Agency/C52  
Bureau of Indian Affairs  
Crow Agency, MT 59022

OWCP CODE 7106BX  
Rocky Boy Agency/C59  
Chippewa Cree Tribe  
Box Elder, MT 59521

OWCP CODE 7106PO  
Fort Peck Agency/C56  
Bureau of Indian Affairs  
Poplar, MT 59255

OWCP CODE 7106PA  
Flathead Agency/P13  
CS&K Tribe  
Ronan, MT 59864

OWCP CODE 7106LD  
Northern Cheyenne Agency/C57  
Bureau of Indian Affairs  
Lame Deer, MT 59043

OWCP CODE 7156NT  
Fort Berthold Agency/A04  
Three Affiliated Tribes  
New Town, ND 58763-9402

OWCP CODE 7106FO  
Fort Totten Agency/A05  
Bureau of Indian Affairs  
Fort Totten, ND 58335

OWCP CODE 7156BE  
Turtle Mountain Agency/A11  
Bureau of Indian Affairs  
Belcourt, ND 58316

When medical treatment for an injury or illness is provided on the fire through OWCP procedures, the hosting agency will complete all initial paperwork on the individual. The paperwork will be completed with the address and OWCP coding for the initial hiring or home unit. The original CA-1 and CA-2, a copy of the CA-16, and the doctor's report are to be attached to the employee's fire time sheet to return to the home unit. The home unit makes the original submission of the claim to the Denver OWCP office. **Supervisors and managers (CREP, CRWB) should submit by fax the CA-1 or CA-2 form within 24 hours of the injury to their home Bureau/Office equivalent OWCP Coordinator. To avoid further**

**delay once the home unit receives the forms they must be immediately reviewed and faxed to the Department of Labor (DOL).** The submission of claims for BIA NAC sponsored crews are to be made by the home unit. When Native American crews are used on state fires, the paperwork for an injured individual will be completed by the CREP/CRWB or by the Federal Agency Representative on the fire.

K. Agency Provided Medical Care (APMC) Procedures

Initial emergency medical treatment for injuries that do not require hospitalization or surgery may be provided by the host agency. Such treatment will be requested by fire resource order and cost of the treatment will be billed to and paid by the host agency. The CA-1 or CA-2, a medical report from the doctor, and a statement of explanation and instruction will be attached to the employee's fire time sheet for return to the home unit. Form FS-6100-16, may be used to request the treatment. This form also contains the doctor's report and the statement of explanation on the reverse. If no further medical treatment is necessary or requested by the employee and there has been no lost time because of the injury and/or illness, the home unit will file the CA-1 and/or CA-2 and medical documentation for record purposes. No claim will be submitted to OWCP. If follow-up medical treatment is necessary or lost time occurs, the home unit will initiate OWCP procedures, such as issuing a CA-16 to the physician of the employee's choice, and submit the claim to OWCP. Crew bosses will hand carry and make sure that this paperwork is given to the home units dispatching office.

L. Responsibility for Completing Injury Forms

Responsibility for completing injury report forms is at every level; crew representative, crew boss, squad boss, and crew member. The injured employee must notify the supervisor immediately and identify a witness to the injury. Supervisors and managers have the ultimate responsibility to insure that an injured employee receives proper and timely medical treatment and that the individual's rights under the Federal Employee's Compensation Act (FECA) and OWCP are fully understood and protected. When injured employees are treated on a fire through agency contracted medical services, it is important that they be advised of the coverage and options still available to them under FECA/OWCP regulations. This includes being entitled to go to a doctor of their choice when they return home, if necessary.

M. Mail

No mail or packages will be accepted or delivered to NAC personnel on fire assignments unless IMT's have established mail services. Emergency messages will be delivered through appropriate channels.

N. Hazardous Materials

Hazardous materials such as fusees will not be transported on commercial aircraft to or from any fire assignment.

**XII. NAC CREW TRAINING**

All sponsored Native American crews will coordinate training needs through the home unit training officer. The following objectives are provided to assist in with developing well trained crews:

1. To establish a system that ensures the NAC program has trained and qualified Type II, Type II Initial Attack and camp crews.
2. To ensure standardization of procedures for management of all Native American crews.
3. To provide administrative and supervisory direction for the management of all Native American crews.
4. To provide equality of training across Indian reservations in management of the NAC program.
5. To provide opportunities for NAC personnel to become qualified for assignments in the Incident Command System.

A. Home Unit

Home units have the first level of responsibility for recruitment, hiring, training, and administrative matters relating to Native American crews. Home units are responsible for maintaining current records in the IQCS for each NAC member under their sponsorship. This will included qualifications, performance, training and experience. The home unit will coordinate scheduled training that is required in maintaining qualified personnel. The home unit will request assistance in the form of instructors and instructional materials and aids from all NRCG members.

B. NAC Training Requirements

BIA home units will adhere to the Wildland and Prescribed Fire Qualification System Guide, PMS 310-1 and for Forest sponsored units the Fire and Aviation Incident Qualification Handbook, FSH 5109.17. For BIA Rocky Mountain Region units please refer to the Wildland Firefighter Training Handbook for further guidance. For the transferring of records refer to section C, Incident Qualification Card.

In May of 2004 a memo was sent out by the BIA-NIFC office regarding training policy for Administratively Determined, Emergency Firefighter AD/EFF hires. The memo provides guidance on deliverable courses to AD/EFF hires which are defined as "Required" in the 310-1.

## APPENDIX A

### CREW REPRESENTATIVE/CREW BOSS REPORT (Circle One)

#### I. HEADING

Fire Name (s) \_\_\_\_\_

Geographic Area \_\_\_\_\_

National Forest or Other Agency \_\_\_\_\_

Resource Order Number \_\_\_\_\_

Inclusive Dates \_\_\_\_\_ to \_\_\_\_\_ 20 \_\_\_\_\_

Crew Identification \_\_\_\_\_

Crew Representative \_\_\_\_\_ Home Unit \_\_\_\_\_

IARR \_\_\_\_\_ Home Unit \_\_\_\_\_

#### II. DESCRIPTION OF ASSIGNMENT

A. Assembly Point \_\_\_\_\_ Met Crew (time, date) \_\_\_\_\_

B. Means of Travel:

C. Fire behavior during shifts worked:

D. Type of work done:

E. Camp Organization and Conditions:



### III. CREW EVALUATION

A. Physical Condition (Identify individuals that were good or bad):

B. Tool Skill:

C. Tool and Fire Safety:

D. Organization:

E. Behavior (On and off fire line and travel):

F. Crew Boss: (applicable for crew rep only):

1. Training and experience:
2. Line Knowledge:
3. Safety:
4. Crew Supervision:
5. Other (areas for improvement, etc):

G. Squad Boss (applicable for crew boss only):

1. Training and experience:
2. Fire Knowledge:
3. Safety:
4. Squad Supervision:
5. Other (areas for improvement, etc):

H. Other (general comments that might help the crew):

IV. INJURIES REPORTED ON CA-1

<u>Name</u>	<u>Type of Injury</u>	<u>Medical Treatment Beyond First Aid</u>
_____	_____	_____
_____	_____	_____

V. PROBLEMS (Include fireline safety and individual crew members):

VI. OUTSTANDING PERFORMANCE (Include individual crew member performance):

VII. OTHER COMMENTS (Pertinent to crew or crew boss performance):

Signature: \_\_\_\_\_  
CREW REP/CREW BOSS (circle)

## **NAC (AD/EFF) PHYSICAL EXAMINATION and CLEARANCE**

Agency administrators and supervisors are responsible for the occupational health and safety of their employees performing wildland and prescribed fire activities. This may require employees to take a medical examination at any time.

Medical examinations are a diagnostic tool that can give an early warning to employees involved in wildland or prescribed fire activities about potential health problems. If the employee is determined to be unfit for arduous-level duty based on the results of the examination, they are not allowed to take the work capacity test or participate in wildland or prescribed fire at the arduous level.

Applicants for federal employment, as well as current federal employees, are presumed to be medically qualified unless there is specific medical evidence that they are not. For some positions, specific medical standards or requirements are justified because of the arduous and hazardous nature of the functions to be conducted or the circumstances, under which they are conducted, the need for a commitment of reliability and safety for employees, and an obligation by the employing agency to maintain a high degree of responsibility toward public safety.

## APPENDIX B

### NAC (AD/EFF) PHYSICAL EXAMINATION and CLEARANCE FORM Wildland Firefighters (Arduous, Moderate and Light)

\*\*\*CAUTION\*\*\*

**THIS DOCUMENT CONTAINS CONFIDENTIAL MEDICAL INFORMATION  
AND IS SUBJECT TO THE PROVISIONS OF THE PRIVACY ACT (5 USC 552a)  
(THIS FORM NOT INTENDED FOR USE)**

This medical history and examination form is to be completed every three years for individuals less than 45 years of age participating in an Arduous, Moderate or Light wildland firefighter position. This form must be completed *prior* to participating in the arduous duty work capacity test ("Pack Test").

**Fire Management Officer (FMO):** Determine what WCT level the individual will be participating in Arduous, Moderate or Light. Indicate by marking Arduous, Moderate or Light above on form.

**Firefighter:** Complete ALL of pages 34 and 35 of this form, complete physical exam with a health care provider, and return the "Clearance Sheet" (page 39) to your FMO. If the FMO does not receive the "Arduous Duty Wildland Firefighter Clearance Form" you will not be allowed to take the Pack Test. All "Yes" answers in the medical history sections must be explained and may require further information from your personal physician(s).

**Local Health Care Professional:** Review the requirements for an arduous duty wildland firefighter (page 33), review the firefighter's self disclosure responses (page 34 and 35), for moderate and light duty review categories I and II (page 37 & 38) and complete the "Medical Screening" (page 36) and the "Wildland Firefighter Clearance Form" (page 34). Provide the completed "Wildland Firefighter Clearance Form" to the firefighter (page 39), unless directed otherwise. **All significant, abnormal findings are to be discussed with the firefighter.**

PRIVACY ACT INFORMATION
The information contained in this form will be used to determine whether an individual considered for arduous level wildland firefighting can safely and efficiently perform those duties in a manner that will not unduly risk aggravation, acceleration, exaggeration, or permanently worsening a pre-existing medical condition. Its collection and use are consistent with the provisions of the 5 CFR 339 (Medical Qualification Determinations), 5 USC 552a (Privacy Act of 1974), 5 USC 3301 (Examination, Certification, and Appointment), and Executive Orders 12107 (Merit Systems Protection Board) and 12564 (Drug Free Federal Workplace). The information will be placed in your official Employee Medical File, and is to be used only for official purposes as explained and published annually in the Federal Register under OPM/GOVT-10, the OPM system of records notice.

NAC Physical Form 02/2004

**ESSENTIAL FUNCTIONS AND WORK CONDITIONS  
OF AN ARDUOUS DUTY  
WILDLAND FIREFIGHTER**

<b>Time/Work Volume</b>	<b>Physical Requirements</b>	<b>Environment</b>	<b>Physical Exposures</b>
<b>May include:</b>			
<ul style="list-style-type: none"> <li>• long hours (minimum of 12 hour shifts) irregular hours shift work</li> <li>• time zone changes</li> <li>• multiple and consecutive assignments</li> <li>• pace of work typically set by emergency situations</li> <li>• ability to meet “arduous” level performance testing (the “Pack Test”), which includes carrying a 45 pound pack 3 miles in 45 minutes, approximating an oxygen consumption (VO2 max) of 45 mL/kg-minute</li> <li>• typically 14-day assignments, <i>but may extend up to 21 days</i></li> </ul>	<ul style="list-style-type: none"> <li>• use shovel, Pulaski, and other hand tools to construct fire lines</li> <li>• lift and carry more than 50 lbs.</li> <li>• lifting or loading boxes and equipment</li> <li>• drive or ride for many hours</li> <li>• fly in helicopters and fixed wing airplanes</li> <li>• work independently, and on small and large teams</li> <li>• use PPE (includes hard hat, boots, eyewear, and other equipment)</li> <li>• arduous exertion</li> <li>• extensive walking, climbing</li> <li>• kneeling</li> <li>• stooping</li> <li>• pulling hoses</li> <li>• running</li> <li>• jumping</li> <li>• twisting</li> <li>• bending</li> <li>• rapid pull-out to safety zones</li> <li>• provide rescue or evacuation assistance</li> <li>• use of fire shelter</li> </ul>	<ul style="list-style-type: none"> <li>• very steep terrain</li> <li>• rocky, loose, or muddy ground surfaces</li> <li>• thick vegetation</li> <li>• down/standing trees</li> <li>• wet leaves/grasses</li> <li>• varied climates (cold/hot/wet/dry/humid /snow/rain)</li> <li>• varied light conditions, including dim light or darkness</li> <li>• high altitudes</li> <li>• heights</li> <li>• holes and drop offs</li> <li>• very rough roads</li> <li>• open bodies of water</li> <li>• isolated/remote sites</li> <li>• no ready access to medical help</li> </ul>	<ul style="list-style-type: none"> <li>• light (bright sunshine/UV)</li> <li>• burning materials</li> <li>• extreme heat</li> <li>• airborne particulates</li> <li>• fumes, gases</li> <li>• falling rocks and trees</li> <li>• allergens</li> <li>• loud noises</li> <li>• snakes</li> <li>• insects/ticks</li> <li>• poisonous plants</li> <li>• trucks and other large equipment</li> <li>• close quarters, large numbers of other workers</li> <li>• limited/disrupted sleep</li> <li>• hunger/irregular meals</li> <li>• dehydration</li> </ul>

## NAC (AD/EFF) PHYSICAL EXAMINATION and CLEARANCE FORM

<b>Firefighter's Name:</b>	<b>SSN:</b>
<b>Name of Employing Agency:</b>	<b>Date of Birth:</b>
<b>Position/Job Title:</b>	<b>Gender:    Male        Female</b>
<b>Home/Sponsoring Address:</b> (Street or PO Box) (City, State, Zip)	<b>Date of Last Physical Exam:</b>
	<b>Home/Sponsoring Phone: (    )</b>
	<b>Work Phone: (    )</b>

<b>MEDICAL HISTORY</b>	
<p><b>Smoking History</b></p> <p>This information is needed since smoking increases your risk for lung cancer and several other types of cancer, chronic bronchitis, emphysema, asbestos related lung diseases, coronary heart disease, high blood pressure, and stroke. Please check your smoking status and complete the associated section:</p> <p>_____ Current Smoker    _____ Former Smoker    _____ Never Smoked</p> <p>Number of cigarettes per day _____    Number of cigarettes per day _____</p> <p>Number of cigars per day _____    Number of cigars per day _____</p> <p>Number of pipe bowls per day _____    Number of pipe bowls per day _____</p> <p>Total years you have smoked _____    Total years you smoked _____</p>	<p><b>Alcohol/Drug Use</b></p> <p>What is your average alcohol consumption (number of drinks) in a week?</p> <p>_____ Drinks (1 drink = 12 Oz. beer, 1 glass wine, or 1.5 oz liquor)</p> <p>If you drink, what is your usual pattern of drinking? (Circle)</p> <p>Weekdays    Weekends Both</p> <p>Do you use recreational drugs? No    Yes (Describe fully)</p>
<p><b>Describe Your Physical Activity or Exercise Program</b></p> <p>Type of Activity or Exercise _____</p> <p>Intensity:    Low _____    Moderate _____    High _____    Duration, in Minutes per Session _____</p> <p>(Examples: Walking Jogging, cycling Sustained heavy breathing and perspiration)</p> <p>Frequency, in Days per Week _____</p>	
<p><b>Medications (List all medications you are currently taking, including those prescribed and over-the-counter.)</b></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Date of last Tetanus (Td) shot:</p> <p>_____</p>

**Firefighter Name (Print Only)** \_\_\_\_\_

## NAC (AD/EFF) PHYSICAL EXAMINATION and CLEARANCE FORM

<b>MEDICAL HISTORY (cont.)</b>	<b>Yes</b>	<b>No</b>	<b>Every item checked "Yes" must be explained in the spaces below, specifying the number of the item. Copies of pertinent medical records also may be necessary.</b>
1. Surgery, or advised to have surgery?			
2. Treatment by doctors, healers, or other practitioners for any problem other than minor illnesses?			
3. Treatment for a mental or emotional condition?			
4. Allergies?			
5. Any type of eye disease?			
6. Contact lenses? Hard or Soft (circle one)			
7. Any type of ear disease?			
8. Problem with dizziness or balance?			
9. Any type of skin disease (other than acne)?			
10. Varicose veins, blood clots, or swollen and painful veins?			
11. Anemia?			
12. High blood pressure?			
13. A stroke?			
14. Poor circulation in hand or feet?			
15. Heart disease, heart murmur, chest pain (angina), palpitations (irregular beat), or heart attack?			
16. Problem with passing out, fainting, or losing consciousness?			
17. Any type of lung disease?			
18. Asthma, bronchitis, or emphysema?			
19. A need to use inhalers?			
20. Tuberculosis or a positive TB skin test?			
21. Diabetes?			
22. A need for insulin shots?			
23. Unexplained weight loss?			
24. Joint pain or arthritis?			
25. Loss of use of an arm, leg, finger, or toe?			
26. Back pain, back trouble, or injury?			
27. Tremors, shakiness, or seizures?			
28. Numbness or tingling n hands or feet?			
29. Frequent headaches or migraines?			
30. Any type of stomach or intestine disease?			
31. Hernia?			
32. Hepatitis?			
33. Any type of liver disease?			
34. Blood in the stool or vomited blood?			
35. Any type of kidney or bladder disease?			
36. Kidney stones?			
37. Difficulty or pain with urination?			

**Firefighter Name (Print Only)** \_\_\_\_\_

## NAC (AD/EFF) PHYSICAL EXAMINATION and CLEARANCE FORM

### MEDICAL SCREENING

Screening Item	Result	Qualifying Standard															
1. Height (inches)		<b>None</b>															
2. Weight (pounds)		<b>None</b>															
3. Blood Pressure (mm Hg)	/	<b>Less than or equal to 140/90</b>															
4. Pulse (beats per minute)		<b>None</b>															
5. Hearing (without hearing aids) Whispered word at 1 foot from ear (opposite ear should be covered) Spoken word at 1 foot from ear (opposite ear should be covered)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Heard?</th><th style="width: 10%;">Yes</th><th style="width: 10%;">No</th></tr> </thead> <tbody> <tr> <td>Right Whisper</td><td></td><td></td></tr> <tr> <td>Left Whisper</td><td></td><td></td></tr> <tr> <td>Right Spoken</td><td></td><td></td></tr> <tr> <td>Left Spoken</td><td></td><td></td></tr> </tbody> </table>	Heard?	Yes	No	Right Whisper			Left Whisper			Right Spoken			Left Spoken			Threshold shift not greater than 40 dB in speech frequency range. Whisper = 30 dB Spoken = 60 dB (Need to hear a whisper)
Heard?	Yes	No															
Right Whisper																	
Left Whisper																	
Right Spoken																	
Left Spoken																	
6. Vision <b>Uncorrected far:</b> (Soft contact lens wearers can leave contacts in) <b>Corrected far:</b> <b>Color (Red/Green/Yellow)</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 30%;">Right 20/____</td><td style="width: 30%;">Left 20/____</td></tr> <tr> <td>Right 20/____</td><td>Left 20/____</td></tr> <tr> <td>Can see: Red</td><td>Green Yellow</td></tr> </tbody> </table>	Right 20/____	Left 20/____	Right 20/____	Left 20/____	Can see: Red	Green Yellow	Uncorrected far vision 20/100 or better in each eye <i>AND</i> corrected far vision of 20/40 or better in each eye <i>AND</i> can see red/green/yellow.									
Right 20/____	Left 20/____																
Right 20/____	Left 20/____																
Can see: Red	Green Yellow																

**SYSTEMIC:** List positive findings only. Please note disqualifying conditions (List attached). If normal place check (X) in space provided. Past history or current existence of disqualifying conditions should be shown as positive findings.

INTEGUMENTARY: \_\_\_\_\_  
 HEENT: \_\_\_\_\_  
 PULMONARY: \_\_\_\_\_  
 CARDIOVASCULAR: \_\_\_\_\_  
 ABDOMEN: \_\_\_\_\_  
 GENITOURINARY: \_\_\_\_\_  
 URINALYSIS: \_\_\_\_\_  
 ENDOCRINE: \_\_\_\_\_  
 MUSCULOSKELETAL: \_\_\_\_\_  
 NERVOUS SYSTEM(Include psychiatric): \_\_\_\_\_  
 ALLERGIES: \_\_\_\_\_  
 HISTORY OF DRUG/ALCOHOL ABUSE: \_\_\_\_\_  
 LISTING OF ANY SIGNIFICANT LIMITING OR DISABLING CONDITIONS: \_\_\_\_\_

#### Findings:

☐ **A. No Significant Findings** – The firefighter meets the qualifying medical standards listed above. The firefighter appears capable of performing the functional requirements of an arduous, moderate or light duty wildland firefighter. **Note:** This includes the ability to safely participate in an appropriate Work Capacity Test (WCT).

☐ **B. Significant Finding (Uncorrected Far Vision ONLY)** – The firefighter does not meet the uncorrected far vision standard listed above. An acceptable accommodation is to require the possession during duty hours of a second set of corrective lenses. With this accommodation, the firefighter appears capable of performing the functional requirements of an arduous, moderate or light duty wildland firefighter. **Note:** This includes the ability to safely participate in an appropriate WCT.

☐ **C. Significant Medical Findings** - The firefighter does not meet one or more of the qualifying medical standards listed above, OR is not considered capable of performing the functional requirements of an arduous, moderate or light duty wildland firefighter, OR is not considered able to safely participate in arduous, moderate or light duty performance WCT.

\_\_\_\_\_  
(Print Only) Name - Health Care Professional

\_\_\_\_\_  
Signature –Health Care Professional

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Print Only) Address

\_\_\_\_\_  
License/Certification Number

\_\_\_\_\_  
License/ State



## **CATEGORY I**

Existence of one or more of the following conditions automatically disqualifies an applicant for arduous, moderate or light duty.

1. **VITAL SIGNS:**

- Resting pulse above 100 beats per minutes.
- Arrhythmia other than sinus arrhythmia.
- BP must be less than 140/90.

2. **INGUMENTARY:**

- Extensive scarring restrictive of normal function.
- Refractory chronic skin disease.
- Infectious skin disease.

3. **HEENT:**

- Acute or chronic eye disease.
- Acute or chronic disease of inner, middle or external ear.
- Any condition preventing free breathing.
- Gross dental infection.

4. **PULMONARY:**

- Active TB.
- Any chronic lung disease.

5. **ABDOMEN:**

- Presence of gastric or duodenal ulcer.
- Pathological hepatic or splenic enlargement.

6. **GENITO-URINARY:**

- Large or painful hydrocele or varicoele interfering with function.

7. **CARDIAC:**

- Has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficient, thrombosis or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea collapse, or congestive cardiac failure.

8. **MUSCULOSKELETAL:**

- Any condition resulting in significant loss of normal function

9. **DIABETES:**

- Has established medical history of clinical diagnosis of diabetes currently requiring **insulin** for control. Mild diabetes, may participate as a firefighter with a written release from a physician.

## **CATEGORY II**

Existence of one or more of the following conditions may disqualify an applicant for arduous, moderate or light duty.

1. **VITAL SIGNS:**

- Auditory: Must be able to hear a whisper and spoken word 1' from each ear (opposite ear should be covered).
- No hearing aid.
- Vision: Uncorrected far vision 10/100 or better in each eye *AND* corrected far vision of 20/40 or better in each eye *AND* can see red/green/yellow
- Near vision (glasses permitted): Unable to read typewritten characters.

2. **HYPERTENSION:**

- A person with hypertension who is under routine care of a physician and well controlled by medication may be qualified as determined by a physician.

3. **MEDICATIONS:**

- Any condition requiring long-term medication must have documentation of routine care by a physician. The medication must not require close and frequent monitoring. This will be determined by the physician.

4. **INTEGUMENTARY:**

- PSORIASIS

5. **HEENT:**

- Acute or chronic sinus disease.
- Inability to masticate food properly.
- Absence of portions of teeth.

6. **ABDOMEN:**

- Hiatal, inguinal, ventral or femoral hernia.
- Other acute or chronic abdominal disorder.

7. **GENITO-URINARY:**

- Chronic genitor-urinary disease.

### **CATEGORY I(cont.)**

Existence of one or more of the following conditions automatically disqualifies an applicant for arduous, moderate or light duty.

#### **10. NERVOUS SYSTEM:**

- Epilepsy, Paralysis or Paresis.
- Muscular atrophy or dystrophy.
- Psychosis or emotional instability, to an extent which interfaces with normal work.

#### **11. PREGNANCY – POSTPARTUM:**

- Women who are pregnant will not be allowed to go firefighting or work on camp crews. Women who are pregnant or suspect they are pregnant and still go firefighting will be subject to disciplinary action by the local NAC board. Women require a six-week postpartum check-up and release from a physician after child birth.
- Nursing mothers will not be allowed to participate as a firefighter or in camp/kitchen crew positions. Mothers who have discontinued breast feeding will require a physician statement.

#### **12. ALCOHOL/DRUG DEPENDENCY:**

- Active alcohol related problems documented within the past year in a persons medical record (If there is a history of drug abuse alcoholism, alcohol related problems, or withdrawal, a documented treatment plan and three months of aftercare is required).

### **CATEGORY II(cont.)**

Existence of one or more of the following conditions may disqualify an applicant for arduous, moderate or light duty.

#### **8. ALLERGIES:**

- A person who has a history of allergic reaction (i.e. bee stings, hay fever) must be under either routine care of a physician and controlled by medication. The person must have an anaphylaxis kit in their position.

#### **9. MUSCULOSKETETAL:**

- Varicose veins.

#### **10. WEIGHT:**

- A person who is either obese or under weight may not qualify according to the discretion of the physician

## WILDLAND FIREFIGHTER CLEARANCE FORM

**(THIS FORM NOT INTENDED FOR USE)**

**Local Health Care Professional:** Complete the information required below, then detach and provide this page to the firefighter at the end of the medical screening.

**Firefighter:** You must return this page to the Fire Management Officer prior to taking the Pack Test.

Firefighter Name: \_\_\_\_\_

Agency, Unit, and Location: \_\_\_\_\_

☐ Employee **CLEARED** for *Arduous* Duty Wildland Firefighting and the Pack Test  
(Findings *A* or *B* were marked on page 5)

☐ Employee **CLEARED** for *Moderate* Duty Wildland Firefighting and the Pack Test  
(Findings *A* or *B* were marked on page 5)

☐ Employee **CLEARED** for *Light* Duty Wildland Firefighting and the Pack Test  
(Findings *A* or *B* were marked on page 5)

☐ Second set of corrective lenses (glasses) to meet uncorrected vision standard is required.  
(Finding *B* was marked from page 5)

☐ Employee **NOT CLEARED** for Arduous Moderate or Light Duty Wildland Firefighting and the Pack Test. Further evaluation is necessary. **Findings discussed with firefighter.**  
(Findings *C* were marked on page 5)

\_\_\_\_\_  
(Print Only) Name - Local Health Care Professional      Signature – Local Health Care Professional      Date

\_\_\_\_\_  
(Print Only) Address      License/Certification Number      License/Certification State

\_\_\_\_\_  
(Print Only) City, State, Zip      (\_\_\_\_\_) \_\_\_\_\_  
Telephone Number

**Firefighter Name (Print Only)** \_\_\_\_\_

**CERTIFICATION OF FIREFIGHTER'S PHYSICAL CONDITION  
AND AUTHORIZATION FOR PHYSICIAN TO RELEASE MEDICAL INFORMATION**

NAME\_\_\_\_\_ S.S.N.\_\_\_\_\_

ADDRESS\_\_\_\_\_ DATE OF BIRTH\_\_\_\_\_

Date of last satisfactory physical exam:\_\_\_\_\_

- (1) Have you suffered any chronic illness since the date of last satisfactory physical examination: YES\_\_\_\_\_ NO\_\_\_\_\_
- (2) Have you been hospitalized for any reason since the date of your last satisfactory physical examination? YES\_\_\_\_\_ NO\_\_\_\_\_
- (3) Are you taking any long term medication? YES\_\_\_\_\_ NO\_\_\_\_\_
- (4) Are you under the continuing care of a physician? YES\_\_\_\_\_ NO\_\_\_\_\_
- (5) Are you pregnant? (six-week postpartum checkup and release from physician required) YES\_\_\_\_\_ NO\_\_\_\_\_

I herby certify that the answers to the above questions are correct to the best of my knowledge and I authorize the release of medical information which will verify the above answers or provide information concerning the severity of the following condition (s) which I have identified:

\_\_\_\_\_  
\_\_\_\_\_

I understand that any information furnished under this authority will only be used to evaluate my physical fitness for firefighting.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Firefighter Signature

\_\_\_\_\_  
Date

## APPENDIX C

### MINIMUM CREW STANDARDS FOR MOBILIZATION Effective January 1, 2003

Minimum Standards	Type 1	Type 2 with IA Capability	Type 2	Type 3
Fireline Capability	Initial attack/can be broken up into squads, fireline construction, complex firing operations (backfire)	Initial attack/can be broken up into squads, fireline construction, firing to include burnout	Initial attack, fireline construction, firing to include burnout	Fireline construction, firing to include burnout
Crew Size	18-20	18-20	18-20	18-20
Leadership Qualifications	Permanent Supervision Superintendent: TFLD, ICT4 Ass't Supt: STCR, ICT4 3 Squad Bosses: CRWB(T), ICT5	CRWB and 3 ICT5	CRWB and 3 FFT1	CRWB and 3 FFT1
Experience	80% 1 season or more	60% 1 season or more	40% 1 season or more	20% 1 season or more
Full-Time Organized Crew	Yes	No	No	No
Communications	5 Programmable radios	4 Programmable radios	4 Programmable radios	4 Programmable radios
Sawyers	3 agency qualified	3 agency qualified	0	0
Training	80 hours annual training	Basic firefighter training and/or annual firefighter safety refresher	Basic firefighter training and/or annual firefighter safety refresher	Basic firefighter training and/or annual firefighter safety refresher
Fitness	Arduous	Arduous	Arduous	Arduous
Logistics	Self-sufficient	Not self-sufficient	Not self-sufficient	Not self-sufficient
Maximum Weight	5,100 lbs.	5,100 lbs.	5,100 lbs.	5,100 lbs.
Dispatch Availability	1 hour	Variable	Variable	Variable
Production Factor	1.0	0.8	0.8	N/A
Transportation	Own Transportation	Transportation needed	Transportation needed	Transportation needed
Tools & Equipment	Fully equipped	Not equipped	Not equipped	Not equipped
Personal Gear	Arrives with: crew first aid kit, personal first aid kit, headlamp, 1 qt. canteen, web gear, sleeping bag	Arrives with: crew first aid kit, personal first aid kit, headlamp, 1 qt. canteen, web gear, sleeping bag	Arrives with: crew first aid kit, personal first aid kit, headlamp, 1 qt. canteen, web gear, sleeping bag	Arrives with: crew first aid kit, personal first aid kit, headlamp, 1 qt. canteen, web gear, sleeping bag
PPE	Arrives with: hard hat, fire resistant shirt/pants, 8" leather boots, fire shelter, hearing/eye protections	Arrives with: hard hat, fire resistant shirt/pants, 8" leather boots, fire shelter, hearing/eye protections	Arrives with: hard hat, fire resistant shirt/pants, 8" leather boots, fire shelter, hearing/eye protections	Arrives with: hard hat, fire resistant shirt/pants, 8" leather boots, fire shelter, hearing/eye protections

**Notes:** Interagency Hotshot Crews (IHC) are Type 1 crews that exceed the Type 1 standards as required by the National IHC Operations Guide (2001) in the following categories:

Permanent supervision with 7 career appointments (Superintendent, Ass't. Superintendent, Squad Bosses).

IHC's work and train as a unit 40 hours per week. IHC's are a national resource.

**ATTACHMENT 1**  
**(THIS FORM NOT INTENDED FOR USE)**

**Single Resource Casual Hire Information Form**

**HIRING UNIT INFORMATION**

Office Name: \_\_\_\_\_ Unit ID: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Example MT-CRA  
Hiring Official Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Print

**CASUAL INFORMATION**

Casual's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Print

**POSITION INFORMATION**

Job Title: \_\_\_\_\_ AD Classification: \_\_\_\_\_ AD Rate: \_\_\_\_\_  
Example FFT2, FFT3, CRWB, ICT3  
Incident Order #: \_\_\_\_\_ Accounting Code: \_\_\_\_\_ Request #: \_\_\_\_\_  
Example MT-CRA-0101 Example C52360/04/92310/AV2Z

**Hiring of emergency personnel may be made according to the provisions of the Pay Plan for Emergency Workers when any of the following exists:**

- ☐ 1. To fight a going fire.
- ☐ 2. Unusually dry period or fire danger is high to extreme.
- ☐ 3. To provide support to ongoing incident.
- ☐ 4. To place firefighter(s) on standby for expected dispatch.
- ☐ 5. Temporarily replace members of fire suppression crews of fire management personnel who are on fires.
- ☐ 6. To attend fire suppression training. ☐ Trainee OR ☐ Refresher AND Course Title: \_\_\_\_\_
- ☐ 7. To instruct fire suppression training when all other methods of hiring and contracting instructors have been exhausted.
- ☐ 8. To cope with floods, storms or any other emergency.
- ☐ 9. To carry out emergency fire rehabilitation work when there is an immediate danger of loss of life or property.
- ☐ 10. Transition period following a natural emergency (not to exceed 90 days).
- ☐ 11. Hazardous Fuel Reduction NTE 300 hours per calendar year (DOI agencies only).

**TRAVEL/TRANSPORTATION**

Casual is entitled to transportation to and from the incident: ☐ NO ☐ YES

Transportation method:

- ☐ Airline
- ☐ POV (Mileage reimbursement authorized)
- ☐ Rental Vehicle (Must be on resource order. Rental provided by: ☐ Casual or ☐ Government)
- ☐ Other (list, such as bus, gov't vehicle, EERA): \_\_\_\_\_

**Check One:**

- ☐ Casual to be subsisted by government. Hiring unit will reimburse approved incidental expenses at actual cost; receipts required.
- ☐ Casual will not be subsisted; travel authorization has been issued. Hiring unit to reimburse lodging, meals, and incidental expenses at standard per diem rates. Indicate TA #: [ \_\_\_\_\_ ]

**EMPLOYMENT FORMS**

**Completed by:**

- Hiring Official:
- ☐ ... I-9, Employment Eligibility Verification.
  - ☐ OF-288, emergency Firefighter Time Report (Complete top section, Column A 1-8 and travel and start time).
  - ☐ Direct Deposit form (if applicable) provide to Casual.
  - ☐ State/federal government-issued picture ID verified and in Casual's possession (required for all positions).
  - ☐ Incident qualification card (if required for position) verified and in Casual's possession.
  - ☐ State-required certification verified, if required for position (e.g., CDL, driver's license)
- Casual:
- ☐ Federal W-4 ☐ State W-4 ☐ W-5, if applicable ☐ Incident Behavior Form signed

\_\_\_\_\_  
Casual Signature (Required)  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hiring Official Signature (Required)

**Distribution: Original attached to original OF-288; Copy retained by Hiring Unit; Copy retained with incident records**  
**Return original of this form and original OF-288 to the hiring unit.** PMS 934 (August 2003)

**ATTACHMENT 2**  
**(THIS FORM NOT INTENDED FOR USE)**  
Incident Behavior

Common Responsibilities  
Volunteers and Single Resource Casual Hires

**Inappropriate Behavior:**

It is extremely important that inappropriate behavior be recognized and dealt with promptly. Inappropriate behavior is all forms of harassment including sexual and racial harassment. **Harassment in any form will not be tolerated.** When you observe or hear of inappropriate behavior you should:

- Inform and educate subordinates of their rights and responsibilities
  - Tell the harasser to stop the offensive conduct.
- Provide support to the victim.
- Report the incident to your supervisor and the individuals' supervisor, if the behavior continues. Disciplinary action may be necessary.
- Develop appropriate corrective measures.
- Document inappropriate behavior and report it to the appropriate incident manager or agency official.
- While working in and around private property, recognize and respect all private property.

**Drugs and Alcohol:**

- Non-prescription unlawful drugs and alcohol are not permitted at the incident. Possession or use of these substances will result in disciplinary action.
- During off-incident rest periods, personnel are responsible for proper conduct and maintenance of fitness for duty. Drug or alcohol abuse resulting in unfitness for duty will result in disciplinary action.
- Be a positive role model. Do not be involved with drug or alcohol abuse.
- Report any observed drug or alcohol abuse to your supervisor.

I have read and I understand the above described incident behavior responsibilities:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PMS 935-1 (English) (August 2003)